

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Section 40.25(j): As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see Section 40.25(b)(5) and (e)).

Prospective City of Grapevine Employee Name: _____
(Print)

(Social Security Number)

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: _____ Yes _____ No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: _____ Yes _____ No

I certify that the information provided on this document is true and correct.

Electronic signatures will not be accepted.

Prospective City of Grapevine Employee Signature: _____

Date: _____

Witnessed By: _____

Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1: TO BE COMPLETED BY PROSPECTIVE CITY OF GRAPEVINE EMPLOYEE

I, (Print Name) _____
First, M.I., Last

Social Security Number _____ Date of Birth _____

hereby authorize:

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by sections 2 & 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ date of employment application.

To: The City of Grapevine
Carolyn Van Duzee, Human Resources Director
P O Box 95104
Grapevine, TX 76099
Telephone No. (817) 410-3176
Fax No. (817) 410-3006
Email Carolyn@grapevinetexas.gov

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. Electronic signatures will not be accepted.

Applicant's Signature _____

Date _____

This information is being requested in compliance with §40.25 and §391.23.

Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. _____ Yes _____ No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? _____ Yes _____ No If yes, what type? _____

2. Reason for leaving your employ: _____

If there is no safety performance history to report, check here _____, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here _____ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Electronic signatures will not be accepted.

Signature: _____ Title: _____

Date: _____ (COMPLETE REVERSE SIDE)

Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐; fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

- | | YES | NO |
|--|-----|-----|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | ___ | ___ |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | ___ | ___ |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | ___ | ___ |
| 4. Has this person committed other violations of Subpart B of Part 392, or Part 40? | ___ | ___ |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program, in your employ, including return-to duty and follow-up tests? If yes, please send documentation back with this form. | ___ | ___ |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employee, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | ___ | ___ |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on the reverse side.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Completed by (Signature): _____ Date: _____

Section 4a: TO BE COMPLETED BY CITY OF GRAPEVINE HUMAN RESOURCES DEPARTMENT

This form was (check one): Faxed to previous employer _____

Mailed _____

E-mailed _____

Other _____

By: _____ Date: _____

Section 4b: TO BE COMPLETED BY CITY OF GRAPEVINE HUMAN RESOURCES DEPARTMENT

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Date: _____

Obtained by: Fax _____
Mailed _____
E-mailed _____
Telephone _____
Other _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019

2. Deliver, mail or FAX the completed form to:

Facsimile: 512-424-5310

I, _____
Print Name of CDL Holder

of _____
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____
Print Name

of _____
Print Address

Driver License Number _____ State _____ Date of Birth _____

Signature of Driver

X

Date

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.